

	APPLICATION FOR THE CERTIFICATION OF METROLOGISTS	(For office use only) REFERENCE No. C
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NOTE: Please familiarise yourself with the latest updated Document NLA-MC-I-10-XX, available on the NLA – SA website, before completing this form

A: APPLICANT DETAILS

Date		Title		New Application <input type="checkbox"/> Upgrade <input type="checkbox"/>
Names				
Surname				
Position / Function				
Physical Address				Tel
Postal Address				
Cell		E-Mail		ID No.

B: METROLOGY DISCIPLINE AND LEVEL OF CERTIFICATION SOUGHT

Trainee Metrologist <input type="checkbox"/>	Metrologist <input type="checkbox"/>	Expert Metrologist <input type="checkbox"/>	
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		Trainee Metrologist		Metrologist		Expert Metrologist		Total No of Years in Metrology ►
Dimensional	▲	<input type="checkbox"/>	▲	<input type="checkbox"/>	G01-M	<input type="checkbox"/>	G01-E	
Electrical		<input type="checkbox"/>		<input type="checkbox"/>	G02-M	<input type="checkbox"/>	G02-E	
Mass		<input type="checkbox"/>		<input type="checkbox"/>	G03-M	<input type="checkbox"/>	G03-E	
Temperature		<input type="checkbox"/>		<input type="checkbox"/>	G04-M	<input type="checkbox"/>	G04-E	
Humidity		<input type="checkbox"/>		<input type="checkbox"/>	G05-M	<input type="checkbox"/>	G05-E	
Pressure		<input type="checkbox"/>		<input type="checkbox"/>	G06-M	<input type="checkbox"/>	G06-E	
Force		<input type="checkbox"/>		<input type="checkbox"/>	G07-M	<input type="checkbox"/>	G07-E	
Torque		<input type="checkbox"/>		<input type="checkbox"/>	G08-M	<input type="checkbox"/>	G08-E	
Hardness		<input type="checkbox"/>		<input type="checkbox"/>	G09-M	<input type="checkbox"/>	G09-E	
Time & Frequency		<input type="checkbox"/>		<input type="checkbox"/>	G10-M	<input type="checkbox"/>	G10-E	
Radio Frequency		<input type="checkbox"/>		<input type="checkbox"/>	G11-M	<input type="checkbox"/>	G11-E	
Fibre Optics		<input type="checkbox"/>		<input type="checkbox"/>	G12-M	<input type="checkbox"/>	G12-E	
Ionizing Radiation		<input type="checkbox"/>		<input type="checkbox"/>	G13-M	<input type="checkbox"/>	G13-E	
Acoustics		<input type="checkbox"/>		<input type="checkbox"/>	G14-M	<input type="checkbox"/>	G14-E	
Vibration		<input type="checkbox"/>		<input type="checkbox"/>	G15-M	<input type="checkbox"/>	G15-E	
Fluid Dynamics		<input type="checkbox"/>		<input type="checkbox"/>	G16-M	<input type="checkbox"/>	G16-E	
Photometry		<input type="checkbox"/>		<input type="checkbox"/>	G17-M	<input type="checkbox"/>	G17-E	
Radiometry		<input type="checkbox"/>		<input type="checkbox"/>	G18-M	<input type="checkbox"/>	G18-E	
Volume		<input type="checkbox"/>		<input type="checkbox"/>	G19-M	<input type="checkbox"/>	G19-E	
Gas Metrology		<input type="checkbox"/>		<input type="checkbox"/>	G20-M	<input type="checkbox"/>	G20-E	
Gas Flow		<input type="checkbox"/>		<input type="checkbox"/>	G21-M	<input type="checkbox"/>	G21-E	
Liquid Flow		<input type="checkbox"/>		<input type="checkbox"/>	G22-M	<input type="checkbox"/>	G22-E	
Other discipline(s)		<input type="checkbox"/>		<input type="checkbox"/>	G23-M	<input type="checkbox"/>	G23-E	

▲ Identify which discipline(s) of Metrology ▲

Specify other discipline(s):-

C: EDUCATION AND QUALIFICATIONS

Please submit certificate of completion

Year	School <i>(Complete only if no higher education)</i>	Level <i>e.g. matric</i>
Year	College/Univ. of Technology /University	Qualification <i>e.g. Degree, Diploma or Certificate or Certificate or highest level obtained</i>

D: Additional Relevant Training *e.g. courses (Quality & Technical) list all short duration courses*

Please submit certificate of completion or certificate of attendance.

Year	Training Provider		Course attended and/or certificate obtained	Duration (Days)	MetCert Attendance/ Exam(s) Passed
		CORE	ISO/IEC 17025 System Course		
			Introduction to Measurement		
			Uncertainty of Measurement (Physical)		
			Uncertainty of Measurement (Analytical), for Gas Metrology		
			Method Validation (Calibration)		
			Method Validation (Analytical), for Gas Metrology		
			Metrology Discipline(s)		
		OTHER			

E: Current membership of Professional Institutions

Year	Institution	Membership Grade

Member of the NLA – SA	Y	N	Corporate Membership <input type="checkbox"/>	Individual Membership <input type="checkbox"/>
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F: CODE OF CONDUCT



In applying for certification with the NLA – SA Metrologists Certification (MetCert) scheme, I recognise the important role that laboratories play in performing tests and calibrations for industry and consumers in South Africa and the SADC region in general. I hereby commit myself to the highest ethical and professional standards and agree to the following :-

- to accept responsibility for the performance of the tests and calibrations carried out by myself and to respect the confidentiality thereof;
- to promptly advise clients of measurement results which indicate a potential or inherent environmental, health, safety, or any other related risk with the product or material submitted by the client;
- to avoid real or perceived conflicts of interest whenever possible and to disclose them to the affected parties when they do exist;
- to be honest and realistic in stating claims or estimates based on available data;
- to reject bribery in all its forms;
- not to knowingly falsify or alter measurement data, provide misleading information or conduct work below the standard expected by regulations or general industry expectations;
- to improve the understanding of technology and the appropriate application thereof together with any potential consequences;
- to maintain and improve technical competence and to undertake tasks only if qualified by training or experience or after full disclosure of pertinent limitations;
- to seek, accept and offer honest criticism of technical work performed and to acknowledge, correct errors and to properly credit the contributions of others;
- to treat fairly all persons regardless of such factors as race, religion, gender, disability, age or national origin;
- to avoid injuring others, their property, reputation or employment by false or malicious action;
- to assist colleagues and co-workers with their professional development;
- to protect and preserve the corporate image and reputation of the NLA – SA;
- to protect and preserve the assets both physical and intellectual of the NLA – SA;
- to support all members of the NLA – SA in following this code of conduct;

I understand that the NLA – SA may withdraw or suspend my certification or scope of certification with immediate effect, should I be found in contravention of any of the above principles as well as additional conditions stated in document NLA-MC-I-10. I also understand that I have certain duties and responsibilities as a certified person as per document NLA-MC-I-10 and agree to abide by these.

.....
Printed Name

.....
Signature

.....
Date

H: SPECIAL NEEDS *(Please indicate if there are any special needs that would require the scheme to note when evaluating your application)*

NOTE: Applications will only be considered for evaluation when:

- *all sections of this form have been completed;*
- *the application fee has been received;*
- *all supporting documentation and evidence have been submitted.*

I hereby declare that the information contained in this application is a true statement of facts.

I confirm that I understand that the information will be kept on record by the NLA – SA and, although confidential, relevant information (name, contact details, certification status and scope) will be published on the NLA – SA website and/or made available to parties wishing to verify details of my certification.

I understand that no information other than the above will be made available by the NLA – SA to any third party without the written consent of the certified person, except as provided for in terms of the Protection of Personal Information (POPI) Act, 2013.

I agree to supply all information needed for the evaluation.

I also agree to comply with the certification requirements of this Scheme which may from time to time be subject to change.

I understand that, once certified, I am obliged to notify the NLA – SA without delay of any changes which may affect my capability to fulfil the certification requirements.

Name:

Signature:

Date:

Application is supported by Head of Lab or Registered Metrologist

Name:

Signature:

Position:

Date: